# **Application Data Sheet**

## **Application Information**

Street of mailing address::

Application Type:: Divisional Subject Matter:: Utility Title:: ULTRASONIC MEDICAL DEVICE AND ASSOCIATED METHOD Attorney Docket Number:: W07-511 Request for Early Publication?:: No Request for Non-Publication?:: No **Total Drawing Sheets::** 15 Small Entity?:: Yes Petition included?:: No Secrecy Order in Parent Appl.?:: No **Applicant Information** Applicant Authority type:: Inventor Primary Citizenship Country:: US Status:: Full Capacity Given Name:: Peter Middle Name:: J. Family Name:: WILK City of Residence:: New York State or Province of Residence:: NY Country of Residence::

US

475 E. 72<sup>nd</sup> St., Suite 1L

City of mailing address:: New York

State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 10021

**Applicant Information** 

Applicant Authority type:: Inventor

Primary Citizenship Country:: CA

Status:: Full Capacity

Given Name:: Timothy

Middle Name:: J.

Family Name:: NOHARA

City of Residence:: Fonthill

State or Province of Residence:: Ontario

Country of Residence:: CA

Street of mailing address:: 71 Millbridge Cr.

City of mailing address:: Fonthill

State or Province of mailing address:: Ontario

Postal or Zip Code of mailing address:: L0S 1E1

**Applicant Information** 

Applicant Authority type:: Inventor

Primary Citizenship Country:: CA

Status:: Full Capacity

Given Name:: Peter

Family Name:: WEBER

City of Residence:: Dundus

State or Province of Residence:: Ontario

Country of Residence:: CA

Street of mailing address:: 6 Briar Lane

City of mailing address:: Dundus

State or Province of mailing address:: Ontario

Postal or Zip Code of mailing address:: L9H 6E8

**Correspondence Information** 

Name: R. Neil Sudol

Street of mailing address:: 714 Colorado Avenue

City of mailing address:: Bridgeport

State or Province of mailing address:: Connecticut

Country of mailing address:: US

Postal or Zip Code of mailing address:: 06605-1601

Phone number:: (203) 366-3560

Fax Number:: (203) 335-6899

E-Mail address:: rnspatent@gis.net

### Representative Information

Representative Customer	28156	
Number::		

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/514,928	02/28/00

### **Assignm nt Information**

WILK ULTRASOUND OF CANADA, INC. Assignee name::

130 Adelaide Street West, Suite 1010 Street of mailing address::

**Toronto** City of mailing address::

State or Province of Ontario mailing address::

Canada

Country of mailing address::

Postal or Zip Code of mailing address:: M5H 3P5